

N.B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>96</u>	
County of <u>Gila</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. ....
District of .....	Local Registrar's No. ....		
Town of .....	St. ....		Ward) .....
City of <u>Globe</u>	(No. ....)		
FULL NAME OF CHILD <u>Clifford Wiley King</u>			Born <input checked="" type="checkbox"/> YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.			Alive <input checked="" type="checkbox"/> NO
Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth
Date of Birth <u>Dec. 6</u> 191 <u>9</u>		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Noble H. King</u>		Full Maiden Name <u>Monta Holliday</u>	
Residence <u>Globe, Arizona</u>		Residence <u>Globe, Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>2.8</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>2.0</u> (Years)
Birthplace <u>Elgin Texas</u>		Birthplace <u>Montezuma Arizona</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this mother... <u>2</u>	Number of children, of this mother, now living... <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Dec 6</u> 191 <u>9</u> , at <u>3 P.</u> M.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Alvin Kirsner M.D.</u>	
Given or christian name added from a supplemental report ..... 191.....		(Attending physician, midwife, householder.)*	
Address <u>Globe, Arizona</u>		<u>B.S.S. Co.</u>	
Filed <u>Dec 12</u> 191 <u>9</u>		LOCAL REGISTRAR.	
A True Copy <u>B. J. Fox</u>		COUNTY REGISTRAR.	
327-1206-4966			
COUNTY REGISTRAR.			